

10/519301

Rec'd PTO 25 JAN 2005

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing      OR      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PATRADE
First Named Inventor	John Kvist Østergaard
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 519,301
Filing Date	12/27/2004
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Blister Label

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 12/27/2004

as United States Application Number or PCT International

(if applicable).

Application Number 10/519,301 and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
PA 2002 01003 PCT/DK2003-000440	Denmark PCT	06/27/2002 06/26/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → ☐

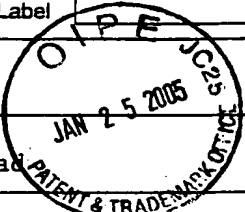
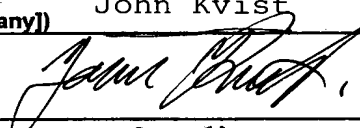
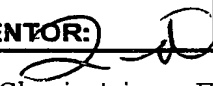
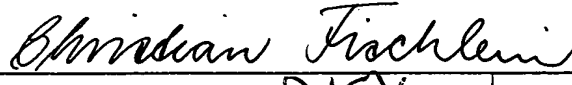
PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
<div style="text-align: center;">  </div>			
Name <u>James C. Wray</u>			
Address <u>1493 Chain Bridge Road</u>			
Address <u>Suite 300</u>			
City <u>McLean</u>	State <u>VA</u>	ZIP <u>22101</u>	
Country <u>US</u>	Telephone <u>(703) 442-4800</u>	Fax <u>(703) 448-7397</u>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>John Kvist</u>		Family Name or Surname <u>Østergaard</u>	
Inventor's Signature 		Date <u>2004-12-17</u>	
Residence: City <u>Nibe DKX</u>	State	Country <u>Denmark</u>	Citizenship <u>Danish</u>
Mailing Address <u>Skalvej 4, DK-9240 Nibe, Denmark</u>			
Mailing Address			
City <u>Nibe</u>	State	ZIP <u>DK-9240</u>	Country <u>Denmark</u>
NAME OF SECOND INVENTOR: 		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Christian F.</u>		Family Name or Surname <u>Fischlein</u>	
Inventor's Signature 		Date <u>13-12-2004</u>	
Residence: City <u>Holstebro DKX</u>	State	Country <u>Denmark</u>	Citizenship <u>Danish</u>
Mailing Address <u>Helgolandsgade 47, DK-7500 Holstebro, Denmark</u>			
Mailing Address			
City <u>Holstebro</u>	State	ZIP <u>DK-7500</u>	Country <u>Denmark</u>
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

BEST AVAILABLE COPY



Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_ of \_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Carsten Bitsch	Family Name or Surname	Pedersen
Inventor's Signature	<i>Carsten Pedersen</i>	Date	13-12-2004
Residence: City	Struer DKX	State	Country Denmark
Citizenship Danish			
Mailing Address Struerdalvej 50, DK-7600 Struer, Denmark			
Mailing Address			
City	Struer	State	ZIP DK-7600
Country		Denmark	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
Country			

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → ☐

10/519301  
Rec'd 25 JAN 2005  
PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

JAN 25 2005

Application Number	10/519,301
Filing Date	12/27/2004
First Named Inventor	John Kvist Østergaard
Group Art Unit	
Examiner Name	
Attorney Docket Number	PATRADE

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
James C. Wray	22,693
Meera P. Narasimhan	40,252
Matthew J. Laskoski	55,360

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	James C. Wray				
Address	1493 Chain Bridge Road				
Address	Suite 300				
City	McLean	State	VA	Zip	22101
Country	US				
Telephone	(703) 442-4800	Fax	(703) 448-7397		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

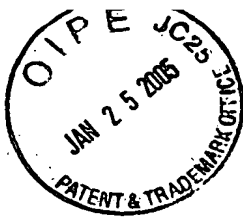
Name	Bang & Olufsen Medicom a/s
Signature	<i>[Signature]</i>
Date	13/12-2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

BEST AVAILABLE COPY



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: John Kvist Østergaard, Christian F. Fischlein and  
Carsten Bitsch PedersenApplication No./Patent No.: 10/519,301 Filed/Issue Date: 12/27/2004Entitled: Blister labelBang & Olufsen Medicom a/s, a corporation  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.  
The extent (by, percentage) of its ownership interest is \_\_\_\_\_ %
- in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
2. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.
3. From: \_\_\_\_\_ To: \_\_\_\_\_  
The document was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.  
[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

12/27/2004  
DateBang & Olufsen Medicom a/s

Typed or printed name

[Signature]  
Signature

CEO

Title